

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-350208	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51				
2							52				
3							53				
4		0					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9	1						59				
10							60				
11		2					61				
12		0					62				
13		0					63				
14		0					64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	74						TOTAL DEP.				
TOTAL CLAIMS	76						TOTAL CLAIMS				

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